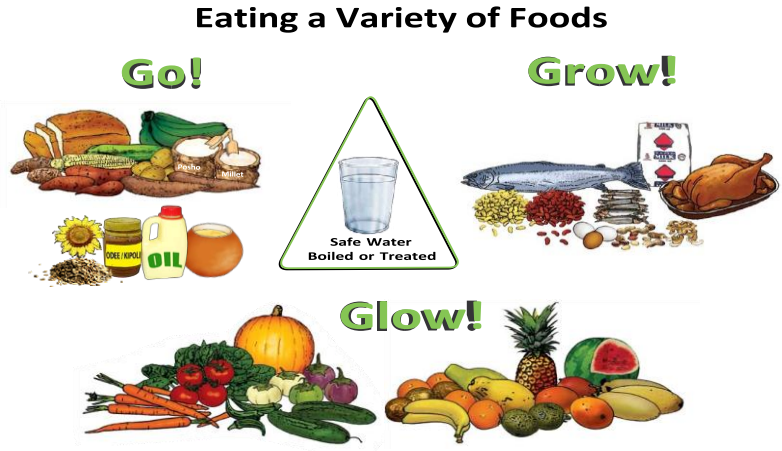
Benue State Policy on Food and Nutrition

Produced by Benue State Budget & Economic Planning Commission 2024

BENUE STATE POLICY ON FOOD AND NUTRITION



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BENUE STATE POLICY ON FOOD AND NUTRITION

Benue State Budget and Economic Planning Commission
State Secretariat.
Makurdi.

December, 2024

Abbreviations/Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
BCC	Behaviour Change Communication
BENSHIA	Benue State Health Insurance Agency
BMI	Body Mass Index
BMS	Breast Milk Substitute
BNADP	Benue Agricultural Development Programme
BNS	Benue State
BNSPFN	Benue State Policy on Food and Nutrition
BNSPHCB	Benue State Primary Health Care Board
CAADP	Comprehensive African Agriculture Development Programme
CBOs	Community-Based Organizations
CLHIV	Children Living with HIV/AIDS
CMAM	Community Management of Acute Malnutrition
CSOs	Civil Society Organizations
DFID	Department for International Development
EHOs	Environmental Health Officers
EHU	Environmental Health Unit
ENA	Essential Nutrition Actions
FAO	Food and Agriculture Organization
FBOs	Faith Based Organizations
FMOH	Federal Ministry of Health
GARPR	Global Aids Response Country Progress Report, Nigeria
HIV	Human Immunodeficiency Virus
HMB	Hospital Management Board
ICN	International Conference on Nutrition
IEC	Information, Education and Communication
IDA	Iron Deficiency Anaemia
IDD	Iodine Deficiency Disorder
IFPRI	International Food Policy Research Institute
IMAM	Integrated Management of Acute Malnutrition
IMNCH	Integrated Maternal Newborn and Child Health
ITP	In Patient Therapeutic Program
MIYCN	Maternal Infant and Young Child Nutrition
LBNS	Liquid Based Nutrient Supplement
LGA	Local Government Area
LGCFN	Local Government Committee on Food and Nutrition

LO-ORS	Low Osmolarity Oral Rehydration Solution
M & E	Monitoring and Evaluation
MAM	Moderate Acute Malnutrition
MBNP	Ministry of Budget and National Planning
MDAs	Ministries Departments and Agencies
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MIDC	Ministry of International Development Corporation
MNDC	Micronutrient Deficiency Control
MOSWH	Ministry of Social Welfare and Humanity
MSDG	Ministry of Sustainable Development Goals
NAFDAC	National Agency for Food and Drug Administration and Control
NAIIS	Nigeria HIV/AIDS Indicator and Impact Survey
NBS	National Bureau of Statistics
NCFN	National Committee on Food and Nutrition
NDHS	Nigeria Demographic and Health Survey
NCN	National Council on Nutrition
NFA	National Fortification Alliance
NFCNS	Nigeria Food Consumption and Nutrition Survey
NFSP	National Food Security Programme
NGOs	Non – Governmental Organizations
NNN	National Nutrition Network
NPC	National Planning Commission
NPHCDA	National Primary Health Care Development Agency
NSHDP	National Strategic Health Development Plan
OTP	Out Patient Therapeutic Program
OVC	Orphan and Vulnerable Children
PATH	Programme for Appropriate Technology in Health
PLHIV	People Living with HIV/AIDS
RRA	Rapid Rural Appraisal
RUTF	Ready to Use Therapeutic Foods
SAM	Severe Acute Malnutrition
SBCC	Social and Behavioral Change Communication
SBS	State Bureau of Statistics
SCFN	State Committee on Food and Nutrition
SCI	Save the Children International
SDGs	Sustainable Development Goals
SEC	State Executive Council
SEMCHIC	State Emergency Maternal and Child Health Intervention Centre

SMART	Standardized Monitoring Assessment of Relief and Transitions
SPC	State Planning Commission
SUNN	Scaling Up Nutrition in Nigeria
UN	United Nations
UNICEF	United Nations Children's Fund
USI	Universal Salt Iodization
USI-TF	Universal Salt Iodization Task Force
VAD	Vitamin A Deficiency
VP	Vice President
WHA	World Health Assembly
WHO	World Health Organization

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Foreword

Two thousand years before modern science, the Greek physician Hippocrates said “Let your food be medicine and your medicine be food”. Hippocrates knew that diet played a major role in wellness, longevity and vitality. Nutrition experts all around the globe agree that when your diet is abundant in essential nutrients, your health is boosted, you’re energized, youthful and full of life! This has not been nutritional trends in the modern time when science has made every aspect of life easier. Nearly all communicable diseases have close association with lifestyle which nutrition is fundamental. In the case of Benue, deficiency in nutrition has resulted in retarded physical and mental growth of children to attain their potentials. This is coupled with ignorance on the side of our population to harness the abundant foods available to cushion the under nutrition, over nutrition and micronutrient deficiencies. Emerging from the Global Nutrition Report (2020) was the need for governments to focus on malnutrition as COVID-19 and its attendant effects on global economy has threatened food systems and health resulting in about one in nine people in the world being hungry and undernourished. Therefore, reducing malnutrition is an important goal of development, since malnutrition not only slows development, it leads directly to suffering and death as stated in the National Policy on Food and Nutrition. Benue state in its efforts to pursue these goals is aimed at domesticating its nutritional policies to accelerate health status of children and women who would grow with sound mental and physical health to contribute to the positive development of the State.

A successful institutionalization of the State Committee on Food and Nutrition (SCFN) and the implementation of her mandates - scaling up of Nutrition activities across the communities - will not only address most malnutrition problems but will bring the right knowledge leading to a behavioural change on what people should eat to remain healthy, look younger and live longer. It will also achieve remarkable decline in maternal, infant and child morbidity and mortality. The SCFN will also enhance the life expectancy of citizens as well as raise the GDP of the state.

The successful domestication of the National Policy on Food and Nutrition by Benue State Government is a major land mark in the effort of the present administration in addressing the problems of malnutrition and food insecurity in the state. The policy has been adopted to add value and strengthen the synergy among sectors and other initiatives of government and partners in the state. It is expected that all other policies that have any bearing on food and nutrition should be updated in line with this policy. As a follow up to this, the Benue State Government is set to domesticate the policy for effective result at state level. This in turn will lay a solid foundation for higher productivity and improved physical and mental development among the citizenry. With the approval of this Policy by the State Executive Council (SEC), I therefore recommend effective implementation of the Policy to achieve the objective of ensuring optimal nutritional status for all residents of Benue State.

Rev Fr Dr Hyacinth Iormem Alia
Governor of Benue State

Preface

Malnutrition has continued to remain a key health challenge in developing economies. In Benue State, this has impacted negatively on the well-being of the people, draining the States' human resources, thus hindering adequate economic development with enormous costs in human, social and economic terms.

In the present democratic dispensation, the state government has made concerted efforts in improving the citizens standards of health and food consumption through implementation of programmes such as conditional cash transfer, free medical care for pregnant and lactating women and under five children etc. These transformations have impacted on reducing poverty, social exclusion and consequently on hunger and malnutrition.

It is with this mindset that the state government has found it necessary to domesticate the national policy with a view to addressing extreme hunger, poverty and malnutrition. A holistic approach is envisioned for the implementation of this Policy, which shall involve sectoral Ministries, institutions of higher learning, the private sector, individuals, families, communities, Community-Based Organizations (CBOs), Non-Governmental Organizations (NGOs), Faith - Based Organizations (FBOs), Civil Society Organizations (CSOs), Media, Professional Associations and the International Agencies. The adoption of this Policy will make room for formulation of guiding principles and strategic action plan for robust intervention and implementation mechanisms addressing malnutrition in Benue State.

Prof. Jerome Andohol
Director General/CEO,
Benue State Budget and Economic Planning Commission

CHAPTER ONE

INTRODUCTION

1.1 Background

The Benue State Food and Nutrition Policy (BNSFNP) is a document aimed at providing the framework for addressing the problems of food and nutrition insecurity in the State, from the individual, household, community level. It guides the identification, design, and implementation of intervention activities across different relevant sectors. Nutrition is a multi-sectoral and multi-disciplinary issue involving various sectors including health, agriculture, science and technology, education, trade, economy, and industry. In recognition of this, various sectors in the State have existing and draft policies and strategies domesticated from the respective State policies to address the nutrition perspectives of their mandates.

These documents include

i. The Benue State Development Plan (BNS-DP 2016-2025)
ii. The Benue State Health Policy and Guidelines
iii. The Benue State Agricultural Policy
iv. Basic Healthcare Provisions
v. Benue State Policy on Education
vi. Benue State Gender Policy
vii. Draft Benue State Social Protection Policy
viii. Benue State Health Strategic Development Plan (2018-2022)
ix. Draft State Policy on Environment
x. Benue State WASH Policy (2020)
xi. Draft State Policy on Adolescent Health and Development.
xii. Draft State Agricultural Policy
xiii. Violence Against Persons Prohibition Law

Despite these policies, strategies and programmes, the multi-sectoral and multi-disciplinary nature of nutrition makes the coordination of food and nutrition activities a challenge in the State.

Emerging concerns in the science, practice and programming of food and nutrition activities informed the need for this policy. Some of these emerging critical issues include nutrition in the first one thousand days of life, adolescents and the elderly, nutrition during emergencies, upsurge in the prevalence of diet-related non-communicable diseases and COVID 19 pandemic.

Similarly, there is increasing recognition of nutrition as a necessary condition for national development as espoused in the Millennium Development Goals (MDGs). It is also worthy to note that the post-2015 Sustainable Development Goals (SDGs) require actions that will promote nutrition in national development.

The urgent need to scale up high-impact and cost-effective nutrition interventions, amplified by Nigeria's sign up with the Scaling Up Nutrition (SUN) movement in 2011 further justifies the need for the review.

1.2 Food, Nutrition and Health Situation in Benue State

Adequate food and optimal nutritional status are the foundation blocks for the building of healthy, secure lives and thus form the basis for development in any nation. It is well-known that the basic cause of the food and nutrition problem is poverty entrenched in the mechanisms of governance and institutions which drive the economy. Conceptually, malnutrition in Benue State arises from poverty, gaps in governance and institutional weaknesses whilst food insecurity, inadequate care and access to health services are underlying causes while inadequate food intake and diseases are the immediate causes.

1.2.1 Poverty Situation

According to the Oxford Poverty and Human Development Initiative (OPHI) Country Briefing Report, June, 2017, 59.2% of the population in Benue state are income poor and live below the poverty threshold. According to Poverty and Inequality in Nigeria, 2019 Benue State has a poverty head count of 32.9%, a poverty gap index of 8.43% and a Gini coefficient of 29.4%. The state has an unemployment rate of 11.98%, underemployment rate of 43.52% which was recorded as the highest rate among other states. (NBS, Labour force Statistics, 2020).

1.2.2 Food Security Situation

The Benue State economy is predominantly agricultural and is sub-divided into two sectors - the public and the private sectors. The private sector is dominated by local subsistence farmers while the public sector is run by the Government and features large plantations and demonstration farms. The main crops are cassava, yams, rice, plantain, banana, sesame seeds, melon, water melon, tomatoes, pepper, oranges, mangoes, maize, groundnut, soya bean, Bambara nuts, sweet potatoes and palm produce among others. The State government places emphasis on fish farming as a measure to diversify its economy. Major livestock in the State are pigs, goats, birds and cattle. Rearing activities are mainly undertaken by the State, organized Private sector and local farmers.

However, only four out of 10 children aged 6-23 months consume the minimum dietary diversity, three out of 10 had minimum meal frequency while the minimum acceptable diet which is a composite indicator that combines meal frequency and

dietary diversity was received by only two out of 10 of children 6-23 months. (NDHS 2018)

1.2.3 Nutrition Situation

Malnutrition and nutrition-related morbidity continue to be of public health concern in State. Malnutrition manifests mainly as undernutrition, overnutrition and micronutrients (minerals and vitamins) deficiencies.

The trend in undernutrition among children under five has not shown significant changes as revealed by the National Nutrition and Health Survey (NNHS) 2015 and 2018. Wasting rate among under-five decreased from 7% in 2015 to 5% in 2018, while overweight among under-five decreased from 1.3% in 2015 to 1.2% in 2018. However, stunting rate among under-five increased from 18.5% in 2015 to 22% in 2018. Underweight among under-five increased from 12.7% to 13%. In Benue state the prevalence rate of stunting, over weight and underweight was 23.9%, 0.8% and 13.6% respectively. Maternal malnutrition increased from 4.7% in 2015, to 4.8% in 2018.

Undernutrition reduces economic advancement of nations by at least 8% due to direct productivity losses and losses due to poorer cognition and reduced schooling (Horton and Steckel, 2013). Thus, the State will be unable to break out of poverty and sustain economic advances without ensuring that their populations are adequately nourished on a sustainable basis. This poor state of child nutrition in Benue State is an indication of inadequate dietary intake, inadequate care of women and children as well as inadequate access to health care and living in an unhealthy environment. Maternal undernutrition results in low birth weight which, in turn, contributes to high infant mortality and a significant factor in the high incidence of maternal mortality in Nigeria.

1.2.4 Health System and Disease

It is estimated that in Nigeria, the number of people living with HIV/AIDS (PLHIV) is about 1.9 million, whilst its prevalence stands at 1.4% among adults aged 15 – 49 years with Benue state having a prevalence rate of 4.9% ranking second (NAIIS, 2019). Therefore, promotion of good nutrition practices, access to health services including antiretroviral (ARV), and exclusive breastfeeding for the first six months for infants born of mothers living with HIV/AIDS is part of the rapid advice policy for nutrition in the context of HIV. Nutrition consideration is a priority in ensuring optimal nutrition in special circumstances such as HIV/AIDS, the Covid-19 pandemic and other disease conditions.

In response to the poor state of maternal and child health, the Nigerian Government, in collaboration with development partners in the health sector, developed the Integrated Maternal Newborn and Child Health (IMNCH) strategy in 2007 to provide the framework that will guide the acceleration of the attainment of MDGs 4 and 5. The strategy comprises evidence-based interventions and an investment plan using the marginal budgeting for bottlenecks to guide implementation. The 2012 IMNCH strategy review identified wider nutrition coverage as key to Maternal, Newborn and Child Health (MNCH) interventions, whilst IMNCH has been incorporated into the National Strategic Health Development Plan (NSHDP) for Nigeria. In furtherance of this effort, the Government developed several guidelines to direct implementation, including guidelines on IYCF, Nutritional Care and Support for People Living with HIV/AIDS, Control of Micronutrient Deficiencies, Community Management of Acute Malnutrition, State Emergency Maternal and Child Health Intervention Centre (SEMCHIC), etc. Other efforts made by the government include its pledge to fund health system at US$31.63 per capita through increasing budget allocation, strengthening integration of services for MNCH, and increasing the number of core service providers. In line with the UN Commission on Life Saving Commodities and Information and Accountability for Women and Children, the government launched the Saving One Million Lives Initiative in 2012 and gave approval for the 2012 National Essential Medicines Scaling Up Plan.

The emergence of COVID-19 pandemic had enormously affected food systems in the state. The effect included disruptions in food production and supplies as a result of restrictions on the movement of people, export restrictions that disrupted trade flows and supply chain, economic downturn and loss of income. In the rural areas, disruptions to food transport or the lack of means to transport food commodities led to losses for farmers. Additionally, limited access to inputs (e.g., seeds and fertilizers) also led to decreased production. The impacts of these include; increased food prices, resulting in lower access to food and shifts in consumer demand toward cheaper and less nutritious foods.

1.2.6 Nutrition in Emergencies

Nutrition response to emergency situations has been limited in Nigeria. Natural and man-made disasters, conflicts and insecurity are major causes of hunger and malnutrition due to lack of access by individuals to produce, sell and buy food. Basic services become over-stretched; women and children under five and the

elderly make up the largest percentage of vulnerable population and would therefore need urgent humanitarian assistance, especially the high population of IDPs and refugees in Benue state with a population of 1.6 million (That is 24% of the total population of the state) has been affected by poor nutrition especially under five children, women and the aged. (BNSEMA 2020)

Although the capacity to predict the occurrence and gravity of emergency situations has improved in the state, adherence to early warning and activation of response plans are suboptimal. Whilst time lag is a constraint, the financial, technical and logistics capacities are challenging. Thus, nutrition considerations must be incorporated into emergency preparedness as well as the emergency response and management systems in the state.

1.2.7 Nutrition and the SDGs

Nutrition was key to the attainment of Millennium Development Goals (MDGs) whose target was 2015. There has been little improvement in the health and nutrition status of children under five in the last decade. It was the realization of the need to fast track the attainment of the MDGs and subsequently Sustainable Development Goals (SDGs) that prompted the renewed focus on evidence-based, cost-effective interventions aligned to the SUN movement.

1.3 Guiding Principles of the Policy

The guiding principles for implementation of this policy shall include the following:

i. Prioritizations of poverty reduction and safety nets for the poor in government budgetary allocations;
ii. Recognition of adequate food and nutrition as a human right and adopting a rights-based approach to planning, budgeting, and implementation of the policy;
iii. Gender considerations and the needs of all vulnerable groups are integral to all components of the policy;
iv. Recognition of the multi-sectoral and cross-cutting natures of food and nutrition;
v. Utilization of partnership and the network of stakeholders in harnessing resources for the implementation of the policy;
vi. Recognition of nutrition as a developmental issue and incorporating food and nutrition considerations into development plans in the

state at all levels

vii. Establishment of a viable system for guiding and coordinating food and nutrition activities undertaken in the various sectors and at various levels of the society; and

viii. Reduction of malnutrition (undernutrition and overnutrition) through SUNN activities with high impact and low-cost interventions.

CHAPTER TWO

VISION, GOAL AND OBJECTIVES OF THE FOOD AND NUTRITION POLICY

2.1 Vision Statement

A State where the people are equitably food and nutrition-secure with high quality of life and socioeconomic development contributing to human capital development objectives of the government of Benue State.

2.2 Goal

To attain optimal nutritional status for every person living in Benue State, with particular emphasis on the most vulnerable groups such as children, adolescents, women, elderly, and groups with special nutritional needs.

2.3 Objectives

To achieve the goal of attaining an optimal nutritional status by the year 2028. A number of objectives and targets are articulated as follows:

i. To improve food security at the State, Local Government, community and household levels;

ii. To reduce under-nutrition among infants and children, adolescents and women of reproductive age;

iii. To significantly reduce micronutrient deficiency disorders, especially among the vulnerable groups;

iv. To increase the knowledge of nutrition among the populace and nutrition education into formal and informal training;

v. To promote optimum nutrition for people in especially difficult circumstances, including People living with HIV/AIDs (PLHIV) and emergencies;

vi. To prevent and control chronic nutrition-related non- communicable diseases;

vii. To incorporate food and nutrition considerations into the State, Local Government and Council Ward Sectoral development plans;

viii. To promote and strengthen Research, Monitoring and Evaluation of food and nutrition programmes;

ix. To strengthen systems for providing early warning information on the food and nutrition situation; and

x. To ensure universal access to nutrition-sensitive social protection

2.4 Targets

i. Reduce the proportion from 3.8% of people who suffer hunger and malnutrition to 1.9% in 2028;

ii. Increase exclusive breastfeeding rate from 56.8% in 2025 to 65% by 2028;

iii. Increase the percentage of children age six months and above who receive appropriate complementary feeding from 32.3% in 2025 to 65% by 2028;

iv. Reduce stunting rate among under-five children from 21% in 2025 to 16% by 2028;

v. Reduce childhood wasting including Severe Acute Malnutrition (SAM) from 1.1% in 2025 to 0.5% in 2028;

vi. Increase and sustain universal household access to iodized salt by 2028;

vii. Increase coverage of Zinc supplementation in diarrhea management from 19.1% in 2025 to 50% of all children needing treatment by 2028;

viii. Increase the proportion of children who receive deworming tablets from 1% in 2025 to 50% by 2028;

ix. Reduction in anaemia among pregnant women from 48.8% in 2025 to 15% in 2028;

x. Reduce prevalence of diet-related non-communicable diseases by

25% in 2028;

xi. Increase coverage of Vitamin A supplementation from 62% in 2025 to 75% by 2028;

xii. Increase by 50% households with relevant nutrition knowledge and practice that improve their nutritional status

xiii. Increase access to potable water from 56.8% in 2025 to 70% by 2028;

xiv. Increase access to basic Sanitation services from 43.3% in 2025 to 60% by 2028.

xv. Increase access to basic hygiene services from 27% in 2025 to 50% by 2028

xvi. Increase the number of relevant MDAs at all levels with functional nutrition unit by 75% by 2028;

xvii. Reduce the incidence of malnutrition among victims of emergencies by 50% in 2028;

xviii. Strengthen the mainstreaming of nutrition objectives into social protection and safety net programmes of all MDAs linked to nutrition by 2028

xix. Achieve universal access of all school children in the pre- and basic school classes to school-based feeding programmes by 2028; and

xx. To arrest the emerging increase in obesity prevalence in adolescents and adults by 2028.

CHAPTER THREE

STRATEGIES

This chapter consists of strategies aimed at achieving the policy objectives described in the previous chapter. The strategies will employ interventions and approaches that are nutrition-specific, nutrition-sensitive, nutrition-enhancing agriculture and food systems as well as build an enabling environment for sustaining this policy.

3.1 Food and Nutrition Security

3.1.1 Ensuring Food and Nutrition Security at the State, Local Government, Ward and Household Levels

The strategic framework for achieving food and nutrition security will adopt a multi-sectoral approach to implement the State food and nutrition strategy focusing on food security, quality, safety, consumer education and food management. In addition, it will also focus on food production, food processing, storage, trade, marketing and distribution, as well as consumption.

3.1.2 Increasing Availability, Accessibility and Affordability of Food

i. Encourage and support integrated farming (crops, livestock and fisheries) as a means of increasing food diversity and income sustainability for small-holder farmers, especially women and youths;

ii. Promote increased production of priority-value chain crops, aquatic and animal products, fruits and vegetables across the three Senatorial Zones of the state;

iii. Promote urban agriculture and support urban and rural women to adopt and set-up home gardening;
iv. Promote adoption of improved and cost-effective on-farm food-storage technologies including use of silos, solar drying, fish smoking kiln, etc. by small holder farmers;
v. Promote food hygiene and safety through myco-toxins prevention during production and storage;
vi. Promote biofortification of staple food crops with micronutrients as a long-term means of micronutrient deficiency control (MNDC); and
vii. Promote effective market information, food distribution and transportation systems.
viii. Promote peaceful co-existence among farming communities through communities' dialogues;
ix. Promote climate smart and nutritionally targeted agriculture practices and technologies.

3.1.3 Improving Food Harvesting, Processing and Preservation

i. Introduce and consolidate appropriate technologies for harvesting, processing, and preservation for crops, vegetables, fisheries and livestock;
ii. Facilitate access of small-holder farmers to technologies for improved crop harvesting, processing, and preservation; and
iii. Strengthen the training of extension workers for adequate dissemination of environmentally friendly agricultural technologies.

3.1.4 Improving Food Preparation and Quality

i. Develop and promote the use of nutritionally adequate recipes using locally available ingredients for all age groups;
ii. Promote appropriate food-preparation methods for improved nutrition and encourage the consumption of hygienic and nutritious foods;
iii. Promote the development and enforcement of minimum standard for food quality, hygiene and safety both for imported and locally

produced foods, including street-vended foods; and

iv. Fortify staple food during production, processing up to consumption level.

3.1.5 Improving Management of Food-Security Crises and Nutrition in Emergency

i. Strengthen existing Information Management Systems for food-insecurity and nutritional-vulnerability;

ii. Establish a system for timely intervention and food price stabilization during periods of food shortfalls by constituting a state food and fodder reserve (buffer stock) as well as community-level strategic stock/grain banks;

iii. Identify, develop, implement and sustain programmes that would provide safety nets to protect the most vulnerable groups from negative effects of food crises as a result of manmade/natural disasters and economic policies;

iv. Develop and provide comprehensive guidelines for managing nutrition during emergencies; and

v. Facilitate effective coordination of interventions by government, humanitarian actors and development partners in the state during emergencies.

3.1.6 School-based Strategies

i. Strengthen the nutrition education and training in the curricula of early child care, primary and secondary schools;

ii. Promote school feeding programmes in all early child care and primary schools to improve nutritional status, learning capacities and enrollment/retention of school-age children through community participation and public-private partnerships; and

iii. Promote and support the establishment of school gardens to provide complementary feeding and also stimulate interest in farming, food, and nutrition-related matters among growing children.

3.2 Enhancing Caregiving Capacity

3.2.1 Ensure Optimal Nutrition in the First 1,000 Days of Life

i. Improve nutritional care for adolescent girls and pregnant women;
ii. Promote, protect and support early initiation of breastfeeding within one hour of delivery, exclusive breastfeeding for the first six months and the continuation of breastfeeding well into the second year of life with the introduction of nutritionally adequate complementary foods at six months of age;
iii. Promote a state nutrition education programme which should target child caregivers, health workers and communities to increase awareness of the proper care and feeding of children;
iv. Promote and sustain biannual Vitamin-A supplementation for children aged 6 to 59 months and de-worming for children aged 12 to 59 months;
v. Promote hand-washing, proper waste disposal and Community- led Total Sanitation (CLTS);
vi. Ensure the establishments of crèches in work places, public and private institutions;
vii. Provide and promote IYCF/MIYCN (Maternal Infant and Young Child Nutrition) counseling and support for pregnant and lactating women at the community and health-facility levels in line with the State Primary Health Care Board (SPHCB) strategies;
viii. Rigorously monitor the implementation of the national regulation and the interstate code and all WHA resolutions on the marketing of Breast Milk Substitutes (BMS).
ix. Promote an integrated approach for the management of Severe Acute Malnutrition (SAM, IMAM, CMAM, SC, ITP) as a minimum package of MNCH services; and
x. Enforce implementation of the existing regulation of maternity leave at all levels, including public- and private-sector institutions and advocate for the extension of the existing three months to six months and implementation of paternity leave.

3.2.2 Caring for the Socioeconomically Disadvantaged and Nutritionally Vulnerable

i. Promote adequate (both quantity and quality) food intake and adequate rest for pregnant and lactating women; and
ii. Develop and encourage the use of labor-saving technologies to reduce the workload of women and create more time for child care.

3.3 Enhancing Provision of Quality Health Services

3.3.1 Reduce Morbidity and Mortality Associated with Malnutrition

3.3.2 Preventing and Managing Nutrition-Related Diseases

i. Increase access to and improvement of quality of health services to provide essential maternal and child nutrition care;
ii. Ensure the full integration of essential nutrition actions (ENA) into routine primary health care services;
iii. Create an enabling environment for the local production of Ready- to Use Therapeutic Food (RUTF)
iv. Ensure adequate supply and provision of Ready-to-Use Therapeutic Food (RUTF) for the treatment of SAM and malnutrition among CLHIV, PLHIV and other vulnerable children;
v. Promote prevention and treatment of diseases associated and linked with malnutrition; and
vi. Provide nutrition support in special cases such as preterm and small-for-gestation babies, PLHIV, CLHIV, people with disabilities and abandoned babies and orphans, etc.

3.3.3 Preventing Micronutrient Deficiencies

i. Prevention of VAD by instituting short- and long-term sustainable interventions, including bi-annual Vitamin-A supplementation to children aged 6 to 59 months as well as promoting dietary diversification and food fortification;
ii. Control of Iron-Deficiency Anaemia (IDA) through the provision of iron-folate supplements to pregnant women and de-worming of children aged 12 to 59 months and school- aged children every six months.
iii. Control and prevent Iodine-Deficiency Disorders (IDD) through the enforcement of legislation on universal salt iodization (USI) through regular monitoring of salt iodine levels; and education of households on the consumption of iodized salt.
iv. Control and prevent Zinc-deficiency disorders;
v. Provide Zinc and low-osmolarity oral rehydration solution (LO-ORS) to treat diarrhea;
vi. Enforce food fortification standards in regulated food products;
vii. Enhance micronutrient consumption through encouragement of the use of micronutrient powders and lipid-based nutrient supplements (LBNS) for food enrichment at the household level; and
viii. Promote social and behavioural change communication (SBCC) to encourage appropriate food choices that favour consumption of micronutrient-rich foods.

3.3.4 Protecting the Consumer through Improved Food Quality and Safety

i. Strengthen existing institutional capacity for the effective control of food quality and safety;
ii. Ensure enforcement of food safety regulation to guarantee food safety and quality;
iii. Strengthen the mechanisms for detection, monitoring, and control of chemical residues in foods; and promote appropriate and safe utilization of agricultural chemicals;

iv. Establish standards for nutrition labeling and advertisement of all foods, including locally prepared indigenous foods, promote compliance and strengthen consumer education; and
v. Develop, revive and provide standard guidelines for the public display of cooked foods by food handlers through Environmental Health Unit.

3.4 Improving Capacity to Address Food and Nutrition Insecurity Problems

3.4.1 Assessing, Analyzing and Monitoring Nutrition Situations

i. Establish community-based growth monitoring to promote healthy growth, detect child growth faltering, and recommend appropriate actions;
ii. Promote participatory approaches for communities to assess, analyze, and take appropriate actions to address food and nutrition problems;
iii. Undertake capacity/skills-gap analysis at all levels of those involved in the planning and implementation of food and nutrition programme and activities;
iv. Develop and strengthen the effective planning and managerial capacity of state government as well as local government authorities (LGAs) to address food and nutrition problems;
v. Institute mechanism for regular review of nutrition curricula in tertiary and vocational institutions;
vi. Ensure training and re-training of Nutritionists, Nutrition Desk Officers and other relevant service providers to improve their capacity for food and nutrition programme management;
vii. Ensure adequate staffing of relevant MDAs implementing sectoral nutrition programmes with skilled and qualified nutritionists; and
viii. Develop supportive supervision, monitoring and evaluation tools for tracking of nutrition programme in the State.

3.4.2 Providing a Conducive Macro-Economic Environment

i. Incorporate nutrition objectives into MDAs' development policies, plans, and programme

ii. Analyze macro-economic and sectoral policies in terms of their potential impact and consequences for household income, food consumption, and delivery of human services, with a view for policy modification to ameliorate adverse effects;

iii. Promote increase in social-sector spending and explore the potential role of the private sector; and

iv. Promote productive capacity through encouraging private sector engagement in food and nutrition related investment.

3.4.3 Social Protection Programmes for the Vulnerable Groups

i. Promote the establishment and expansion of existing social protection policy in all sectors with inclusion of nutrition considerations as conditions of social protection programmes to address poverty, malnutrition, and health of the most vulnerable groups;

ii. Strengthen the State Health Insurance Scheme to incorporate the Community Health Insurance health services to vulnerable groups, especially women and children; and

iii. Develop social protection programmes that would provide safety nets, both short- and long-term (including distribution of food), to protect the most vulnerable groups from negative effects of macro-economic and sectoral policies on purchasing power, food consumption, and the delivery of human services.

3.5 Raising Awareness and Understanding of the Problem of Malnutrition in Benue State

3.5.1 Promote Advocacy, Communication and Social

Mobilization

i. Develop an advocacy and social mobilization strategy for food and nutrition

ii. Sustain advocacy to policy makers at all levels for resource mobilization for food and nutrition activities;

iii. Promote Behaviour Change Communication (BCC) for better understanding of food and nutrition security problems for improved food and nutrition practices;

iv. Promote the design and production of harmonized, appropriate BCC materials for use and distribution at the state, LGA and community levels; and

v. Promote and strengthen nutrition education for all age groups through multimedia communication approaches.

3.5.2 Promoting Healthy Lifestyles and Dietary Habits

i. Promote good dietary habits and healthy lifestyles for all age groups through appropriate social marketing and communication strategies;

ii. Support the design and implementation of appropriate community-based nutrition education programmes;

iii. Develop appropriate food-based dietary guidelines for healthy living;

iv. Promote healthy eating habits to reduce the incidence of non-communicable diseases such as diabetes, hypertension, and other cardiovascular disorders, etc. (reduction of salt and sugar intake, preparation methods to reduce fat intake, etc.); and

v. Promote regular physical exercise and periodic medical checkups for nutrition-related, non-communicable diseases.

3.5.3 Research in Nutrition

i. Promote research and development of locally available staple diets and use of under-utilized crops for improved utilization and nutrition;

ii. Produce a complete food-composition table for locally available food and agricultural produce (raw, processed, and prepared);

iii. Promote, support, and disseminate research findings on food processing and preservation technologies for adaptation at the community and household levels;

. Promote research on local food fortification;

v. Promote collaborative programme implementation operations research to enhance programme outcomes; and

vi. Engage in periodic conduct of food consumption and nutrition survey to track policy impact.

3.6 Resource allocation for food and nutrition Security at all levels

i. Ensure adequate implementation of the policy through sufficient budgetary allocation and timely release of funds;

ii. Strengthen the coordination capacity of the State Planning Commission and line MDAs with the required resources (human, financial, and material) for effective management and coordination of the policy; and

iii. Strengthen the capacity of the State Planning Commission to mobilize resources both internally (state, and LGA) and externally (bi- and multilateral donors).

CHAPTER FOUR

INSTITUTIONAL ARRANGEMENTS

The Benue State Food and Nutrition Policy requires an effective institutional arrangement to ensure a results-oriented programme implementation. Past implementation efforts have been principally sectoral (health, agriculture, science and technology and education etc.), uncoordinated, inadequately funded and limited in scope and coverage.

In order to address this problem, the Government of Benue State designated Benue State Budget and Economic Planning Commission (BSBEPC) as the State focal point for food and nutrition policy, programme planning, and coordination in the State. The State committee on food and nutrition (SCFN) is domiciled in the State Planning Commission. membership includes nutrition desk officers from Ministries and relevant MDAs and organized private-sector nutrition-related agencies. The SCFN domiciled in (BSBEPC) as the technical arm of the SCFN. The Permanent Secretary of Benue State Budget and Economic Planning Commission, being the Chairman of the technical committee will chair the SCFN.

4.2 Leadership, Structures, and Institutions

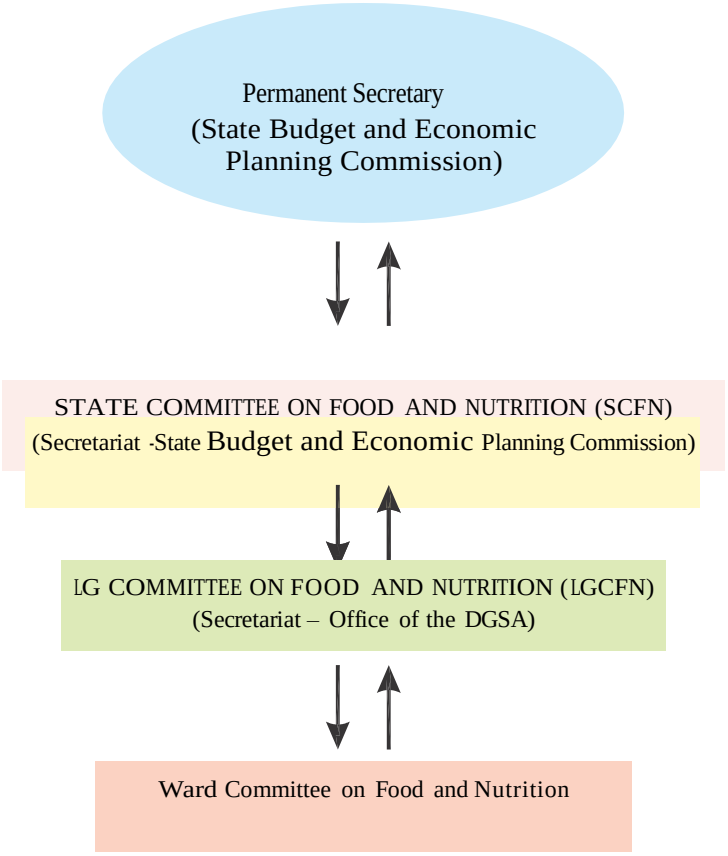
The implementation of the State Policy on Food and Nutrition is the responsibility of the authorities at the two levels of government (i.e. State and LGAs) in collaboration with other stakeholders, including the organized private sector, development partners, professional bodies, civil society organizations (CSOs) (i.e. Non-Governmental Organizations [NGOs], Faith Based Organizations [FBOs]), and communities.

Administrative arrangements between the SBEPC and the SCFN, State Ministries, Departments and Agencies, as well as Local Governments will form the basis for planning and implementation of the State Food and Nutrition Policy. The SBEPC is the focal point for coordination of food and nutrition programmes at state and LGA levels and assisted by the State Committees on Food and Nutrition (SCFN) and Local Government Committees on Food and Nutrition (LGCFN).
Implementation agencies at State and LGA levels are responsible for the implementation of specific projects and programmes relevant to the policy.

The focal points at State, and LGA levels will have the responsibility of identifying and mobilizing resources for executing given project or activity in a coordinated manner and paying due emphasis to the need for harmonization and synergy within each body's geographic boundaries and authority.

The government is to ensure that the various organizations are fully accountable for the resources and programme activities which are under their responsibility to guarantee the confidence of all stakeholders and partners involved as well as ensure correct and timely programme implementation.

Institutional Structure for the Coordination of Policy Implementation



4.3 State Committee on Food and Nutrition (SCFN)

The SCFN shall be the highest decision-making body on food and nutrition in Benue State. It will serve as the policy body for all efforts geared towards ensuring food and nutrition security for all citizen of the State. The committee will be chaired by the permanent secretary of Benue State Budget and Economic Planning Commission and will be composed of nutrition desk officers from relevant MDAs and representatives of organized private sector/industry as approved by the State committee on food and nutrition.

The State committee will meet on a quarterly basis with local government nutrition focal persons to review the progress made.

4.4 Terms of Reference of the SCFN

i. Identify, analyze, and ascertain the problem of nutrition in the state;
ii. Identify the efforts already in place for tackling child malnutrition in the state;
iii. Review strategies and their impact on household, community, local government and state levels;
iv. Assess further action to be employed in dealing with malnutrition based on regular reviews of M&E reports and periodic surveys;
v. Coordinate and harmonize efforts, strategies and programmes of nutrition; and
vi. Ensure adequate resource mobilization and allocation to address nutrition issues.

4.6 Benue State Budget and Economic Planning Commission (BSBEPC)

The (BSBEPC) will serve as the State focal point for food and nutrition policy programme planning and coordination in the State. The (BSBEPC) will also serve as the secretariat for both the SCFN and SCN and shall coordinate with the state Secretariats and have regular fora for interactions. The SCFN have at least one qualified and experienced nutritionist (not less than a

Deputy Director) as administrative head of the division or department that will house the SCFN secretariat. In addition, two planning officers and at least one M&E person should constitute the technical team in the division or department. Opportunities should be created for nutritionists to come on board as interns to complement the staff in the department.

The BSBEPC shall convene meetings of the SCFN and produce quarterly reports on progress made in food and nutrition. The Permanent Secretary of the Commission will serve as chairman of SCFN or a designated officer not below the rank of a director. In addition, a nutrition partners forum, national working groups, and sub-committees on food and nutrition shall be established and meet regularly (at least monthly).

4.7 Mandates of the BSBEPC

The mandate of the BSBEPC is:

i. To provide day-to-day support that will enhance the effectiveness of SCFN;
ii. To serve as the focal point for the coordination and harmonization of all food- and nutrition-related policies and programmes being implemented by various ministries and agencies into a State programme consistent with the goals and aspirations outlined in this policy document;
iii. To provide a forum for exchange of views and experiences among the bodies implementing nutrition programmes in the State and, thereby foster and strengthen their respective roles in the programme;
iv. To coordinate the review, on a continuous basis, of policies and programmes with regard to their potential impact on food and nutrition issues;
v. To ensure effective implementation of the different policies and programmes by putting in place effective machinery for M&E;
vi. To maintain ongoing advocacy for food and nutrition issues;
vii. To ensure adequate financial provisions and timely release of allocated funds in the State Development Plan and annual budget;
viii. To liaise with international donor agencies, financial institutions, the private sector, community-based organizations (CBOs)

and NGOs when soliciting funds and material support to complement government resources and efforts; and ensure that development partners incorporate nutritional considerations into their development strategies across all sectors, especially food security, maternal and child health, social protection, education, agricultural research, and gender-based programmes; and

ix. To coordinate the analysis and dissemination of results of important food and nutrition studies, statistics, and data.

4.8 State Committee on Food and Nutrition (SCFN)

In order to achieve the State Food and Nutrition Policy objectives and implement its programmes, a SCFN has been established, located in the BSBEPC to assist the SCFN to assess and enhance the various policies on food and nutrition and to plan national programmes on food and nutrition matters.

Membership of the committee is drawn from relevant ministries, departments, and agencies of government as well as representatives of universities dealing with issues of food and nutrition.

4.9 The Membership of the SCFN

i. The Permanent Secretary BSBEPC, Chairman
ii. Representatives of Agriculture and Food Security
iii. Representative of Ministry of Health and Human Services
iv. Representative Ministry of Education and Knowledge Management
v. Representative Ministry of Information, Culture and Tourism
vi. Representative from Media
vii. Representative Ministry of Youth, Sports and Creativity
viii. Representative from Benue State Budget and Economic Planning Commission
ix. Representative of Civil Societies Organizations (CSO)
x. Representative of Ministry of Women Affairs and Social Welfare
xi. Representative Ministry of Environment, Water Resources and Climate Change
xii. Benue State Primary Health Care Board (Secretary)
xiii. Representatives from Joseph Sarwuan Tarka University
xiv. Representative of Benue State Teaching Hospital
xv. Representative of Federal Medical center

xvi. Representative, of UNICEF
xvii. Representative of WHO
xviii. Representative of Civil Society Scaling Up Nutrition in Nigeria
xix. Representative of Global Alliance for Improved Nutrition
xx. Representative of Hellen Keller International

4.10 Mandate of the SCFN

The SCFN has a mandate of:

i. Providing necessary technical and professional assistance and support to the secretariat (BSBEPC) on food and nutrition policy planning and implementation;
ii. Proposing and reviewing, on a continuous basis, policies and programmes that have a potential impact on food and nutrition issues;
iii. Ensuring that the representatives of relevant sectors on the committee undertake effective implementation of their various policies and programmes;
iv. Advising on the formulation of appropriate strategies for policy and programme M&E;
v. Supporting the **BSBEPC** in the maintenance of ongoing advocacy for food and nutrition issues; and
vi. Assisting the **BSBEPC** to set up and manage a database of nutrition activities.

4.11 The SCFN Secretariat

The SCFN shall have a secretariat established in the **BSBEPC** which shall be a division within the ministry responsible to the chair of the SCFN in the implementation of the decisions of the SCFN as well as the day-to-day operations of the state food and nutrition programme. The division shall be fully staffed with the requisite human and material resources with the required mix of staff and competencies in nutrition, food, and M&E. In addition, the secretariat will be responsible for:

i. Servicing all statutory SCFN meetings;
ii. Establishing appropriate linkages with other departments within the **BSBEPC** and
iii. Undertaking any other duties as may be assigned by the **BSBEPC**

towards effective implementation of this policy.

4.12 Local Government Committee on Food and Nutrition (LGCFN)

In order to achieve the State Food and Nutrition Policy objectives and implement its programmes, a LGCFN shall be established and located in the Office of the LGA DGSA. Membership of the committee will be drawn from relevant Departments and Agencies of government as well as representatives of CSOs dealing with issues of food and nutrition.

4.13 Mandate of the LGCFN

The LGCFN has a mandate of:

i. Providing necessary technical and professional assistance and support to the secretariat (Office of the LGA DGSA) on food and nutrition programme implementation;
ii. Ensure adequate financial provision and timely release of allocated funds in state development plans
iii. Proposing and reviewing, on a continuous basis, programmes that have a potential impact on food and nutrition issues;
iv. Ensuring that the representatives of relevant sectors on the committee undertake effective implementation of their various policies and programmes;
v. Implementing appropriate strategies for programme M&E;
vi. Supporting the Office of LGA DGSA in the maintenance of ongoing advocacy for food and nutrition issues;
vii. Managing and maintaining database of nutrition activities; and
viii. Coordinating nutrition programme implementation at the LGA level

4.14 The LGCFN Secretariat

The LGCFN shall have a secretariat established in the Office of the LGA DGSA who shall serve as chair of the LGCFN, and the LGA Nutrition focal person shall serve as the Secretary. The Secretariat will be responsible for:

i. Servicing all statutory LGCFN meetings;
ii. Establishing appropriate linkages with other departments within the LGA; and
iii. Undertaking any other duties as may be assigned by the Office of the LGA DGSA towards effective nutrition programme implementation.

4.15 Roles of Professional Bodies and Development Partners

4.15.1 Professional Bodies and CSOs (CBOs, FBOs, Traditional Institutions and NGOs)

To ensure proper coordination of activities and to avoid duplication of efforts, the coordinating agencies at State and Local Government levels will work closely with relevant professional bodies (including Nutrition Society of Nigeria, Dietetic Association of Nigeria, and Nigeria Institute for Food Science and Technology), NGOs, CBOs, CSOs, FBOs and local communities in pursuit of the National Food and Nutrition Policy objectives.

This partnership could benefit the policy implementation through:

i. Resource mobilization;
ii. Project implementation;
iii. Community mobilization, participation, and ownership at the grassroots level as well as sustainability.

4.15.2 Private Sector

Apart from providing funds to accelerate growth in food supplies and to manufacture essential drugs, plant machinery, and equipment, the private sector is expected to support the food and nutrition programme effort of the government by collaborating in specific areas, including:

i. Fortification of certain identified foods with mandatory micro-nutrients such as Vitamin A, B Vitamins, Zinc and Iron;
ii. Development of low-cost nutritious complementary foods and RUTF;

iii. Promotion of nutrition education that complies with quality-control standards;
iv. Participation and support of knowledge-sharing on research findings; and
v. Adoption and transformation of research findings into commercially viable products.

In addition, the private sector would be fully involved and participate in the policy formulation/review as well as programme M&E.

4.15.3 Development Partners

Government and development partners (bilateral and multilateral agencies) have always worked closely together on food and nutrition issues in the areas of programme design, training and capacity-building, research and implementation of pilot, state programmes. The government will continue to appreciate the assistance provided by donor agencies in the execution of the State Food and Nutrition Policy.

This partnership has the following benefits:

i. Resources mobilization in the forms of grants and loans;
ii. Providing best practices to be used in refining and re-designing existing programmes, and introducing new ones; and
iii. Full participation in programme implementation and review as well as M&E.

4.16 Resource Mobilization

Government shall regularly ensure mobilization and timely release of resources required from budgetary allocations to fully implement the policy on food and nutrition security at all levels.

These internal resources will be complemented, as required, by external grants, loans and contributions by aforementioned organizations, and the private sector. The communities will also be expected to contribute in cash or kind as appropriate.

4.17 Sustainability and Programme Scale Up

4.17.1 State Nutrition Network (SNN)

The SNN is a platform for SCFN and LCFN to meet annually to share experiences and deliberate on annual progress, achievement, and challenges as well as chart a way forward for subsequent years. The **BSBEPC** through the SCFN, will organize this SNN meeting with representation from the State and Local Government levels, development partners and other relevant stakeholders.

4.17.2 Scaling Up Nutrition (SUN) Movement

This is domiciled in the SMOH&HS and focused on promoting the implementation of evidenced-based nutrition interventions and scaling up successful practices, as well as integrating nutrition goals into broader efforts in critical sectors such as public health, education, social protection, food and agriculture

4.17.3 Working Groups and Sub Committees

Working groups shall also be established to aid the operational efficiency and effectiveness of the SCFN, such as the MNDC Advisory Committee, National Fortification Alliance (NFA), IYCF Working Group, State Technical Committee on the Implementation of International Code of Marketing of BMS, Universal Salt Iodization Task Force (USI-TF), Community Management of Acute Malnutrition (CMAM) Task Force etc., with appropriate chairmen from relevant MDAs with comparative advantages.

CHAPTER FIVE

5.1 Monitoring and Evaluation

For successful implementation of the Food and Nutrition Policy, an effective M&E system will be established. The purpose of the M&E system will be to provide accurate, reliable, and timely information on the progress of implementation and regular reporting on the specific objectives listed in Chapter Two. This will entail intensive process of thorough assessment of existing problems, analysis of their causes and assessment of resources required to improve the nutrition situation. The information generated will be useful for future planning exercises, as well as for M&E of the success of government's efforts in addressing the problem of malnutrition in Benue State.

The core component of this M&E strategy will be an appropriate food and nutrition information monitoring system. The purpose of this type of information system will be to monitor food and nutrition situations in the state at regular intervals, and to answer the questions 'who are the malnourished?', 'where are they located?',' when and why are they malnourished?'. A better socioeconomic description of the groups most at risk and trend analysis is essential in order to refine policies and programmes as well as timeliness of interventions that are aimed at different target groups in terms of their vulnerability.

5.2 Food and Nutrition Information System

The food and nutrition information system will rely on administrative

reporting systems that already exist in certain ministries, routine data collected from all the relevant sectors as well as community-level food and nutrition information, including data from child growth monitoring and promotion programmes. Sample surveys will also be considered as well as Rapid Rural Appraisal (RRA) techniques as a possible means of obtaining information quickly. Information generated will be used to assess the food and nutrition situation as well as inform programmatic changes and amendments by programme managers to bring about improvement.

5.3 Monitoring and Evaluation (M&E) System

To monitor and evaluate the nutritional impact of the State Food and Nutrition Policy and its consequent programmes, a number of known core indicators will be considered to assess whether the targets and goals are being reached. The M&E system will use the information generated through the food and nutrition information system in addition to scheduled NDHS, MICS, and SMART surveys to inform decision-makers on the result achieved and the impact.

To achieve this, a database shall be created to keep accurate and relevant information through vertical and horizontal collation of data from the LGAs and State levels so that progress and changes are tracked and impact measured. The system shall use a simple M&E approach with the primary aim to enable planners at each level to collect data that shall assist them in the ongoing planning and implementation of food and nutrition programmes and activities. A feedback mechanism shall be introduced to enable "downwards" sharing of data through regular communication about the progress of food and nutrition programme and activities at state and LGA levels. The main M&E activities will include:

i. Monitoring of achievements and results component;
ii. Evaluation/impact assessment component;
iii. Implementation and Result Progress Report.

5.3.1 Objectives of the M&E

i. Measure the progress, achievements, and performance through the strategy results framework and a set of specific indicators on food and nutrition;

ii. Provide policymakers and different stakeholders with relevant qualitative and quantitative information to enable them:
    a. Undertake the strategy performance assessment so as to make corrections for a satisfactory implementation and capitalization on best practices;
    b. Draw conclusions about the effectiveness of the achievements;
    c. Increase skills in the area of quality assurance in food and nutrition strategy implementation, and use appropriate information for policy adjustment; and
    d. Provide data to all stakeholders for communication with a view to creating a transparent information environment (on financial flows, inputs, results, and performance).

5.3.2 Techniques and Tools for Data Collection and Analysis

The main focus of the M&E system shall be to collect accurate, reliable and timely data on the food and nutrition programme results at prescribed intervals using appropriate tools. This will include routine data from health facilities and other relevant institutions as well as population-based data.

5.3.3 Procedures for M&E - Roles and Responsibilities of different Actors

5.3.4 The State Budget and Economic Planning Commission

The State Budget and Economic Planning Commission will have responsibility for overall M&E. The SCFN Secretariat in collaboration with the M&E office of the SBEPC will have responsibility for the following:

i. Providing overall coordination of the food and nutrition M&E system;
ii. Sourcing and collating M&E data from relevant ministries, departments and agencies in the state, and LGAs for incorporation into the State M&E database;

iii. Working with the M&E departments of LGAs and relevant MDAs to ensure timely submission and quality of data;
iv. Preparing yearly reports on progress of implementation and achievement of objectives as stated in the policy;
v. Identifying gaps and recommending necessary adjustments in programme implementation;
vi. Preparing and submitting State reports on food and nutrition situations at intervals as contained in the performance management plan;
vii. Engaging the State Bureau of Statistics on administration of surveys and the collection of data at specified intervals and period to document achievements of results;
viii. Facilitating capacity-building for M&E officers and personnel; and
ix. Providing data quality assurance

5.3.5 State Ministries, Departments and Agencies

The State Budget and Economic Planning Commission have a statutory role similar to the MB&NP at the Federal level and will be responsible for the coordination of the overall M&E system at the state level. It is linked to the Planning, Research and Statistics department of the relevant State Ministries, Departments and Agencies for data collection, collation, submission and management to the national M&E office.

In each of the Ministries, the Department of Planning, Research and Statistics will be responsible for the collation and management of M&E data and also the following:

i. Ensuring data quality and compliance with established specification;
ii. Submitting timely data and M&E report to the state M&E system;
iii. Validating the accuracy of data before submission to State M&E system.

GLOSSARY OF TERMS

Adequate Diet: Food consumed that contains all the nutrients (calories, protein, fats, vitamins and minerals) in amounts and proportions required to promote growth and good health in an individual.

At-Risk Groups: Persons or segment of the population most likely to suffer from nutritional deprivation.

Baby-Friendly Hospital Initiative: A hospital-based programme that seeks to promote good breastfeeding practices by mothers (i.e. Exclusive Breastfeeding for the first six months of life).

Complementary Foods: Foods, in addition to breast milk, given to infants after six months of age.

Food: A composite of nutrients (protein, fat, carbohydrates, vitamins and minerals) consumed, digested and ultimately utilized to meet the body's needs.

Food Security: Access by all people at all times to enough food all the year round for an active, healthy life.

Food Insecurity: When a household is unable to provide adequate food for its members on a sustainable basis either due to inability to produce its own food or through food purchases.

Growth Monitoring and Promotion: A process which involves regular weighing of a child, plotting the weight on a growth chart, using the information obtained to assess how the child is growing, and then taking

appropriate actions to improve or promote the health and growth of the child.

Household Food Security: The ability of a household to gain access to adequate food (both in quantity and quality) to meet its nutritional requirements for an active life throughout the year.

Intra-Uterine Growth Retardation: Gradual decline in the development of a fetus due to maternal factors such as illness or malnutrition.

Iodine-Deficiency Disorders: The spectrum of disorders resulting from inadequate iodine intake, including mental retardation, reduced growth, spontaneous abortions, still-births and physical disabilities.

Iron-Deficiency Anaemia: Reduced haemoglobin and oxygen-carrying capacity of the blood due to inadequate iron intake and/or high iron losses (e.g., blood loss), characterized by fatigue, decreased capacity to work, learning disorders, and increased complications of pregnancy.

Macronutrients: Carbohydrates, fats, and proteins, comprising the major components of most foods that supply energy and amino acids for proper growth and development.

Malnutrition: The impairment of health due to a deficiency, excess, or imbalance of nutrients. It includes undernutrition, which refers to a deficiency of calories and other nutrients and over-nutrition, which refers to excess of calories and nutrients (but usually of calories).

Micronutrients: These are the vitamins and minerals present in foods and required by the body in very small quantities for proper functioning.

Night Blindness: An inability to see in the dark, due to a deficiency of Vitamin A resulting from inadequate Vitamin-A intake in the diet.

Nutrition: The end result of various processes in society (e.g., social, economic, cultural, psychological, agricultural, and health) which culminate in food being eaten by an individual and subsequently absorbed and utilized by the body for physiological processes.

Nutritional Surveillance: The process of keeping watch over the nutritional situation of a community or a population and the factors that affect it, in order to take appropriate actions that will forestall problems or lead to improvement in nutrition.

Nutritive Value: The amounts of a given nutrient in a food item that will be potentially available for use by the body.

Prenatal Mortality: Death of babies before birth.

Prevalence Rate: The percentage of individuals in a sample or population who are affected by a certain disorder or condition.

Pro-vitamin A: A substance (beta carotene) found in plants that can be converted by the body to Vitamin A

Published by
BENUE STATE BUDGET AND ECONOMIC
PLANNING COMMISSION(BSBEPC)